



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re U.S. Patent Application of )

SASAKI et al. )

Art Unit 3685 )

Application Number: 10/627,673 )

Filed: July 28, 2003 )

For: MEDICAL SUPPORT SYSTEM )

Examiner: )

QAYYUM, ZESHAN )

ATTORNEY DOCKET NO. HIRA.0118 )

Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**COVER LETTER**

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	4	4	(Over 20)	x \$52	0
Independent Claims	4	4	1 (Over 3)	x \$220	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$390	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	0

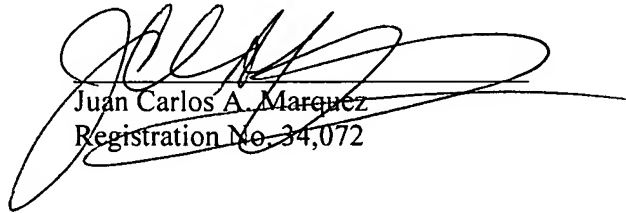
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- [ x ] Response and Amendment to Office Action  
(with claim amendment)  
[ ] Substitute Spec. & marked-up copy  
[ ] Preliminary Amendment  
[ ] Other: \_\_\_\_\_

- [ x ] Petition for Extension of Time 3 months  
[ ] Information Disclosure Statement  
[ ] Letter to Draftsperson w/ \_\_\_ sheets of  
replacement drawings  
[ ] RCE

- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- [ x ] Credit card information for **\$1,110.00** to cover the 3-month extension of time fee is enclosed.
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,



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